

Labor Organization Officer
and Employee Report

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved - OMB No. 1215-0188
Expires 11-30-2002
018353

1. Name and address of person filing HAROLD REHM 37 REHM ROAD LANCASTER, NY 14086		2. Name and address of labor organization BUFFALO-NIAGARA TYPOGRAPHICAL UNION PO. 9 / CWA 14148 3630 WALDEN AVE. LANCASTER, NY 14086	
3. Position in labor organization PRESIDENT	4. Date fiscal year ended 9/30/02	5. File number (if assigned) U-1373	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name of Employer DELFT PRINTING, INC.	Address of Employer 42 HOLLAND AVE. LANCASTER, NY 14086
---	---

7. Nature of Interest, Transaction or Income
WIFE DID ACCOUNTING WORK FOR DELFT PRINTING, T/E 9/30/02 FOR \$1,600.00

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of business ARGUS ACCOUNTING	Address of business 3630 WALDEN AVE, LANCASTER, NY 14086
---	---

9. Business deals with— <input checked="" type="checkbox"/> A. Labor Organization <input type="checkbox"/> B. Trust <input type="checkbox"/> C. Employer	10. If 9B or 9C is checked give trust or employer's name
---	--

11. Nature and approximate dollar value of such dealings
LEASING OFFICE SPACE TO UNION, ANNUAL LEASE \$1,800.00,
APPROX. 675 SQ. FT., UTILITIES INCLUDED

12. Nature of interest held or income received
RENT



C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13. Name and address of employer <input type="checkbox"/> or consultant <input type="checkbox"/>	14. Nature of payment
--	-----------------------

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

15. **Signature and verification**—The undersigned declares, under the applicable penalties of the law, that all of the information in this report, including the attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Signed: Johnson Palm at LANCASTER NY on 11-26-02
City State Date